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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* NO, y

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NO, y

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/30/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 5	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 5
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Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

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 46363  
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TITLE  
 All-optical linear feedback shift register

FILING FEE  RECEIVED 1032	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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